OC03-004

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JUN 19 2003

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

Mail completed form to:

PUBLIC UTILITIES COMMISSION
500 EAST CAPITOL AVENUE
PIERRE, SD 57501
ATTN: SOUTH DAKOTA ONE CALL BOARD

COMPLAINT

COMPLETE INFORMATION IS REQUIRED – ADDITIONAL PAGES MAY BE USED IF REQUIRED

ALLEGATION OF PROBABLE VIOLATION(S) OF SOUTH DAKOTA ONE CALL LAWS

I. ACTION REQUESTED BY:

COMPLAINT FILED BY INDIVIDUAL ___ OR BUSINESS* X PERSON FILING COMPLAINT (Please print):_____

COMPANY (If applicable) Midcont Comm ADDRESS 3507 S. Duluth PHONE NUMBER _____

SIGNATURE OF COMPLAINTANT: _____ DATE: 6-17-03 EMAIL ADDRESS: _____

*If the complaint is files on behalf of a Company, the person signing this form should have the proper authority to file the complaint.

II. ACTION REQUESTED AGAINST:

NAME OF EXCAVATOR/FACILITY OPERATOR: Gleason Tree Co. PHONE NUMBER: (605) 368-2678

ADDRESS: 27226 471st Ave Harrisburg S.D. 57032

WAS A LOCATE REQUESTED FROM SD ONE CALL? YES X NO ___ LOCATE TICKET #: D316202O1 START DATE ON TICKET: _____

205 208 211
206 209 214

DID EXCAVATOR WAIT UNTIL THE START DATE/TIME ON THE TICKET BEFORE COMMENCING EXCAVATION? YES ___ NO X

WERE BURIED FACILITIES EXPOSED BY HAND OR WITH NON-INVASIVE EQUIPMENT PRIOR TO EXCAVATION? YES ___ NO X

III. FACILITY INVOLVED (IF ANY)

TYPE OF FACILITY INVOLVED: Communication OPERATOR OF FACILITY (IF KNOWN): Midcontinent Comm.

OPERATOR ADDRESS: 3507 S. Duluth PHONE NUMBER: _____

DEPTH OF COVER: _____ PRESSURE: _____ VOLTAGE: _____ NUMBER OF CABLE PAIRS: _____

IV. MARKING

WERE FACILITIES MARKED? YES__ NO X WAS THE MARKING COMPLETE PRIOR TO THE START TIME ON THE TICKET? YES___ NO___

DID EXCAVATOR PRE-MARK WITH WHITE PAINT? YES___ NO X

WAS THE FACILITY MARKED ACCURATELY (WITHIN 18 INCHES)? YES ___ NO___ NA

DID EXCAVATOR USE REASONABLE CARE TO MAINTAIN LOCATE MARKS FOR LIFE OF PROJECT? YES___ NO X NA

HAVE YOU DISCUSSED THE PREVIOUS STATEMENTS WITH THE OTHER PARTY? YES ___ NO X

IS THERE AGREEMENT? YES ___ NO ___ IF NO, PLEASE EXPLAIN: _____

V. DAMAGE (IF ANY)

FATALITIES: _____ INJURIES: _____ LENGTH OF HOSPITALIZATION: _____

ESTIMATED PROPERTY DAMAGE ($): _____ NUMBER OF CUSTOMERS AFFECTED: _____

DAMAGED IN: PUBLIC ___ PRIVATE ___ (RIGHT-OF-WAY) PHOTOS OF THE DAMAGED FACILITY? YES ___ NO___

ADDITIONAL INFORMATION: Done when I got there. 24 hours before ticket was due.

VI. PROBABLE VIOLATION

SPECIFIC STATUE(S) OR RULE(S) THAT WAS VIOLATED:
N valid ticket, start early

ADDRESS/LOCATION OF PROBABLE VIOLATION:

DATE/TIME OF PROBABLE VIOLATION

_____:_____

HAVE YOU DISCUSSED THIS PROBABLE VIOLATION WITH THE PARTY THE ACTION IS FILED AGAINST: YES ___ NO _____

IF YES, NAME OF THE PARTY WITH WHOM YOU DISCUSSED THE PROBABLE VIOLATION: _____

DESCRIPTION OF PROBABLE VIOLATION: _____